

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number

15100686722

Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

DELFASCO, INC. C/O S. DAVID BELSKY, CPA

Mailing address

21 WEST 47 ST.

City

NEW YORK

State

NY

ZIP Code

10036

Plus 4

Secretary of State file number or  
Comptroller file number

0004749106

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

15 BELLECOR DRIVE, NEW CASTLE, DE

Principal place of business

15 BELLECOR DRIVE, NEW CASTLE, DE

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



\*1510068672210\*

## SECTION A Name, title and mailing address of each officer, director or member.

Name

PHILIP KADLECEK

Title

CHAIRMAN

Director

☒ YESTerm  
expiration

m m d d y y

Mailing address

PO BOX 10527

City

WILMINGTON

State

DE

ZIP Code

19850

Name

DAVID B. LILLY, JR

Title

WILMINGTON

Director

☒ YESTerm  
expiration

m m d d y y

Mailing address

PO BOX 10527

City

WILMINGTON

State

DE

ZIP Code

19850

Name

MARK W. BENKO

Title

WILMINGTON

Director

☒ YESTerm  
expiration

m m d d y y

Mailing address

PO BOX 10527

City

WILMINGTON

State

DE

ZIP Code

19850

## SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: PHILIP E. KADLECEK



Check box if you need forms to change the registered agent or registered office information.

Office: 2008 LAKEWAY BLVD.

City  
AUSTINState  
TXZIP Code  
78734

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign  
here

Title

PRESIDENT

Date

05/26/2010

Area code and phone number

302-328-6675

Texas Comptroller Official Use Only

VE/DE



PIR IND



TX 05-102 (Section A Continuation)

DELFASCO, INC. C/O S. DAVID BELSKY,

15100686722

Name KAREN THOMAS	Title	Director <input type="checkbox"/> YES	Term expiration	
Mailing address PO BOX 10527	City WILMINGTON		State DE	ZIP Code 19850
Name	Title	Director <input type="checkbox"/> YES	Term expiration	
Mailing address	City		State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration	
Mailing address	City		State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration	
Mailing address	City		State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration	
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Name	Title	Director <input type="checkbox"/> YES	Term expiration	
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